STANDARD CERTIFICA Primary Registration District No. __ Registration District No. DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived___If institution: b. COUNTY a. COUNTY dmiss)on) VS 300 in Rev. 4/59 Inside Limits Length of stay in 1b TÓWN Yes X No 🗆 0365 Reside on Farm HOSPITAL OR Yes 😿 No 🛚 INSTITUTION \$ Yes 📙 No 🕱 0365 3. NAME OF DECEASED Year (Type or print) 9. AGE (last birthday) | IF UNDER T YEAR 7. Married Never Married 🗆 5 12. CITIZEN OF WHAT COUNTRY 6 7 9002.1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 10 ö 11 NSTEAD Conditions, if any, 1 DUE TO (b) 1290 which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was there a pregnancy in last 90 days. 19. WAS AUTOPSY HOMICIDE PERFORMED? YES | NO 20c. TIME OF Houl Month, Day, Year INJURY 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK [*LYPEWRITER* READ m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD CREMATION, Ö.

or by	<u> </u>	, Student Embalmer No
working under	my personal supervision.	1 1 1/1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1
Student		Signed Sessel A. Colle
	Signature of Student Embalmer	2251
		Licensed Embalmer No. 3254
	•	P. O. Addillashington, Mo
14.	the same of the same of the same of	
Note:	The above MUST BE SIGNED BY THI	E LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. Off this body is not embalmed, fact should be so stated above.